NH EMPLOYMENT SECURITY

ELECTION FORM FOR WITHHOLDING OF FEDERAL INCOME TAX

NHES Benefit Adjudication Unit PO Box 9506 Manchester NH 03108-9506

NAM	E:	SOCIAL SECURITY #:	
(Print N	Name)		
НОМ	E ADDRESS:		
As an	individual filing	for unemployment compensation, please be advised that:	
(1)	Unemploymen	t Compensation is subject to Federal Income Tax;	
(2)	It may be neces	ssary for you to make estimated tax payments;	
(3)	and withheld fr	ary 1, 1997, you must elect whether or not you want to have Federal Income Tax rom your unemployment compensation. As of August 7, 2001, the standard rate your gross weekly benefit amount.	
(4)		equest, you may change your withholding election. Your request to change or nust contain your name, social security number, home address, and signature.	terminate
(5)		date of your election is the date on which the department enters your election efit system, and it only applies to payments made after that date.	on into its
Instru	ctions:		
	•	indicate whether you want Federal Income Tax deducted and withheld from fut n checks issued to you.	ure unem-
	indicate your s this form to the	selection by placing an (X) in the appropriate box below. You must sign, e Department.	date and
	Yes, I want Fed	leral Income Tax deducted and withheld from my unemployment compensation	n check(s).
	No, I do not w check(s).	rant Federal Income Tax deducted and withheld from my unemployment com	npensation
	_		
Today	's Date:		8/01 D